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## BIB DATA SHEET

CONFIRMATION NO. 3044

<b>SERIAL NUMBER</b> 10/530,452	<b>FILING or 371(c) DATE</b> 09/09/2005 <b>RULE</b>	<b>CLASS</b> 030	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> ON/4-32717A		
<b>APPLICANTS</b> Eveline S.J.M. De Bont, Groningen, NETHERLANDS; Willem A. Kamps, Lm Winsum, NETHERLANDS; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11084 10/07/2003 <i>you NW 8/21/2007</i> <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0223341.9 10/08/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3 EAST HANOVER, NJ 07936-1080 UNITED STATES						
<b>TITLE</b> Treatment of aml						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			